

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005740

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 592

STATE FILE NUMBER

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Dudley	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital		d. STREET ADDRESS (If outside, give location) Box 116	
3. NAME OF DECEASED (Type or print) First CHARLES Middle WILLIAM Last STALNACKER		4. DATE OF DEATH Month January Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-10-1897
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 8 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Auto Industry	
11. BIRTHPLACE (City and state or country) Smithville, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry C. Stalnacker		13b. MOTHER'S MAIDEN NAME Katie Duncan	
14. NAME OF HUSBAND OR WIFE Mrs. A.Z. Johnson, Dudley, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. A.Z. Johnson, Dudley, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to Brain DUE TO (b) Bronchiogenic Carcinoma DUE TO (c) Metastatic Carcinoma to both adrenal glands PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma to both adrenal glands PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4:45 a.m. p.m. Month, Day, Year 6-14-61			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-14-61 to 1-20-62 and last saw her alive on 1-20-62 Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 2-15-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-62	
23c. NAME OF CEMETERY OR CREMATORY Williford Cemetery		23d. LOCATION (City, town, or county) (State) Williford, Arkansas	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 2/20/1962	
ADDRESS Trumann, Arkansas		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

MS FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 525 Arkansas

P. O. Address Trumann, Arkansas
Box 98

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.